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STATEMENT OF

FORM 1		ORGANIZ	ZATION		Office Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
E.I. du Pont de	e Nemou	urs Company Good	Government Fund (E	OuPont Goo	d Government Fund)
ADDRESS (number and street)		1007 Market Street			
X (Check if address is changed)		Attn: Mary T. Casper, Trea	asurer		
		Wilmington		DE	19898
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)		SS (Please provide only one pacservices@ddcadvoca			
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)			
(Check if a is changed					
2. DATE 04	M / D 11	2012			
3. FEC IDENTIFIC	CATION NU	имвек С	C00171926		
4. IS THIS STATEM	MENT	NEW (N) OR	X AMENDED (A)		
I certify that I have a			st of my knowledge and belief	it is true, correct	t and complete.
Signature of Treasure	Ms. Mar er	ry T. Casper	[Electronically Filed]	Date 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of		•	n may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)